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## BIB DATA SHEET

CONFIRMATION NO. 6892

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/586,295	06/02/2000	604	3763	CB-07-2	
<b>RULE</b>					
<b>APPLICANTS</b> Michael A. Baker, Woodside, CA; Stephen M. Brunell, Mountain View, CA; Jean Woloszko, San Diego, CA; Ronald A. Underwood, Belmont, CA; Hira V. Thapliyal, Los Altos, CA; Philip E. Eggers, Dublin, OH;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/248,763 02/12/1999 PAT 6,149,620 which claims benefit of 60/098,122 08/27/1998 and claims benefit of 60/096,150 08/11/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/01/2000					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MANUEL A MENDEZ/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 31	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ARTHROCARE CORPORATION 7500 Rialto Boulevard Building Two, Suite 100 Austin, TX 78735-8532 UNITED STATES					
<b>TITLE</b> SYSTEM FOR ELECTROSURGICAL TISSUE TREATMENT IN THE PRESENCE OF ELECTRICALLY CONDUCTIVE FLUID					
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	